



	<p>Partial reimbursement for services through participating and non-participating providers.</p> <p>For more information go to:  <a href="https://www.suny.edu/insurance/dental/">https://www.suny.edu/insurance/dental/</a></p> <hr/> <p>Financial assistance in meeting cost of eye exams and glasses/contact lenses.</p> <p>For more information go to:  <a href="https://www.suny.edu/insurance/vision/">https://www.suny.edu/insurance/vision/</a></p>	<p>Must be at least half-time and eligible to receive health insurance</p>	<p>28 calendar-day waiting period from date of appointment.</p>	<p>No premium cost; paid for by New York State</p>

Defined benefit plan; benefits are based on final five years average salary\* and years of employment.

For more information go to:  
<http://www.osc.state.ny.us/retire/index.htm>

\*As defined by TIER

Membership for full-time permanent em/F4 9 is147.6

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